## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
Thereby appoint:									
Practitioners associated with the Customer Number:					23623				
,	OR								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
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						().			
		***************************************			***************************************				
es attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assignment documents attached to this form in accordance with 37 CFR 3.73(b).									
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:									
The address associated with Customer Number: 23623									
(	OR	***************************************	<u>,</u>						
	Firm Indiv	or idual Name	Turocy & Waison, LLP						
A	Address		127 Public Square, 57th Floor, Key Tower						
T	lity		Cleveland	State Ohi	0	<sup>Zip</sup> 44114			
C	Country	•••••	United States						
T	Telephone		(216) 696-8730		Email watson@thepatentattorneys.com				
Assignee Name and Address:									
	•								
Astephinolous Foundation, L.L.C. 2711 Centerville Road, Suite 400									
Wilmington, Delaware, 19808									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of									
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assigner of Record									
The individual whose signature and fitle is supplied below is authorized to act on behalf of the assigned									
Signature			Eleven -			Date 3/30/2			
Name Veter Kwon					Telephone				
Tit	Time Authorized Person for Astephinolous Foundation, L.L.C.								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or refain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office.

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## DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY (37 C.F.R. 3.73(b)(2)(i))

i, Peter Kwon (whose title is supplied below), hereby declare that I am authorized to behalf of Astephinolous Foungation, L.L.C.	sign on
Allana,	
Péter/Kwon, Authorized Person for Asterminolous Foundation, L.L.C.	
manufacture / / / Communication	